

June 30, 2020

Dear Director:

The Wisconsin Department of Health Services (DHS) has language in the BadgerCare Plus and/or Medicaid SSI Health Maintenance Organization (HMO) contract which requires HMOs to make a good faith effort to obtain a Memorandum of Understanding (MOU) with all Wisconsin County Human Service Agencies, Health Departments, School Based Services providers and Birth to Three providers in our service area to develop a working relationship.

UnitedHealthcare Community Plan is encouraging all Wisconsin County Human Service Agencies, School Based Services providers and Birth to Three providers that provide service to our members to sign the attached MOU.

Should your organization choose to receive reimbursement by UHC for claims submitted to UHC for BadgerCare Plus and Medicaid SSI HMO-covered services under the Medicaid program, a UHC standard provider agreement will need to be executed in addition to signing the enclosed MOU. A provider agreement with UHC is not necessary for those services provided and billed directly to the state. A provider agreement is only necessary if services being provided are HMO covered services and your organization would like to be a part of the UHC network. The attached MOU is a mechanism put in place to coordinate services to members covered by the BadgerCare Plus and Medicaid SSI programs as outlined in the WI Medicaid Provider Guide.

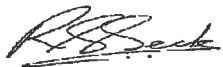
Please complete the following steps:

- Sign the copy of the MOU and return to UHC.
- Keep a copy of the completed, signed MOU for your files.
- To execute a provider agreement, please contact us with a written request. The contact information is listed on the MOU. One of our provider contracting representatives will contact you.

UnitedHealthcare Community Plan is committed to ensuring the best quality of care for our members. We hope this collaboration will improve the health in Wisconsin's Medicaid members.

If you have any questions please contact Bobbi Klebenow at (414) 443-4337. To learn more about us, please visit our website at www.uhccommunityplan.com

Sincerely,



Ralph B. Beck, LUTCF RHU® ChHC™
Chief Operating Officer

Attachment: UHC MOU

**MEMORANDUM OF UNDERSTANDING
BETWEEN
HEALTH MAINTENANCE ORGANIZATION
AND
LOCAL HEALTH DEPARTMENT**

The intent of this Agreement is to provide limited health care services by the Local Health Department for members of UnitedHealthcare Community Plan HMO ("HMO"). For purposes of this Agreement, "HMO" shall be inclusive of UnitedHealthcare Community Plan and its affiliates - defined as entities under control of, controlling, or under common control with, HMO.

The Local Health Department agrees to:

1. Cooperate and communicate with HMO to remove access barriers, coordinate care and ensure continuity and culturally appropriate care and services to HMO members;
2. Make available to HMO members billable and non-billable services which may include one or more of the following:
 - ☐ HealthCheck outreach and screening;
 - ☐ immunizations and immunization screening;
 - ☐ blood lead screening services;
 - ☐ services to targeted populations within the community for the prevention, investigation and control of communicable diseases;
 - ☐ nutrition services and supplemental foods;
 - ☐ breast feeding promotion and support;
 - ☐ development screening;
 - ☐ oral health, e.g. dental sealants, fluoride varnishes and care coordination;
 - ☐ body mass index identification;
 - ☐ provision of health education, health promotion, disease and injury prevention and disease states including maternal and child health topic areas: children with special needs;
 - ☐ care coordination for children with special needs;
 - ☐ care coordination for women up to one year postpartum;
 - ☐ child passenger safety;
 - ☐ targeted case management;
 - ☐ on-going medical services programs;
 - ☐ materials on health education, disease and injury prevention, and disease states;
 - ☐ outreach expertise and communication networks; or
 - ☐ on-going studies of health status and disease trends and patterns.
 - ☐ other: _____

LHD shall only be required to provide those services to HMO members as are available from LHD at the time services are requested.

3. Determine Medicaid eligibility on every individual prior to providing a billable service, including determining BadgerCare Plus and Medicaid SSI HMO enrollment. This may be done by using the online ForwardHealth Portal or by calling WiCall at 1-800-947-3544, 24 hours a day, 7 days a week for eligibility verification.
4. Report to the HMO or identified PCP the results of all services done by the LHD.
5. Coordinate services with the primary care provider (PCP) of the member and or the HMO.
6. Give appropriate assistance to member who expresses difficulty in gaining access to HMO and/or to the PCP.
7. At all times, encourage members to seek medical care through HMO;
8. Provide access to records for compliance with Wisconsin BadgerCare Plus and Medicaid SSI contract for those services provided by LHD which were specifically approved.
9. Participate, as requested, in the HMO quality assurance program.
10. Provide contact information to the HMO and notify the HMO of any changes.

HMO agrees to:

1. Allow LHD to provide agreed upon services to HMO members.
2. Accept referrals from LHD staff to HMO providers for HMO members who require follow-up care and assist in the outreach to members who the LHD identifies as requiring urgent or emergent follow-up care.
3. Follow-up on all members seeking care through LHD. Every attempt will be made to educate members to access care through HMO.
4. Encourage HMO providers to arrange timely appointment for the HMO member.
5. Provide, on request, feedback to the LHD regarding the HMO member's follow-up or lack of follow-up with the PCP.
6. Provide contact information to the LHD and notify the LHD of any changes.
7. Obtain Department of Health Services approval, as per required by contract, for this proposed MOU/contract, prior to signature by either party.

The parties mutually agree:

Any communication, data reporting or other disclosure of information under this agreement shall be done consistent with all applicable state and federal laws including, but not limited to, the security and privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA).

This Agreement shall be effective on the date of the last to sign of the parties as set forth below and remain in effect for 3 years. Either party may terminate this Agreement upon thirty (30) days written notice delivered in person, by courier or by United States mail, postage prepaid and certified.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

HMO	Local Health Department
Authorizing Signature: _____  Date: <u>6/30/2020</u>	Authorizing Name: (Please print) <u>Kirsten Johnson</u>
Ralph Beck UnitedHealthcare Community Plan 10701 W. Research Dr. Wauwatosa, WI 53226 414-443-4204	Authorizing Signature: _____  Date: <u>6.30.21</u> 39-6005532 Tax ID #: _____
Title: COO	Title: <u>Commissioner of Health</u>

MEMORANDUM OF UNDERSTANDING

BETWEEN PRENATAL CARE COORDINATION PROVIDER AND HMO

INSTRUCTIONS

Prenatal Care Coordination (PNCC) services are paid fee-for-service by Wisconsin Medicaid and BadgerCare Plus for all members, including those enrolled in state-contracted HMOs. The PNCC provider may not determine the need for specific medical care, or make referrals directly to providers of medical care, for services covered under the HMO contract. The HMO is responsible for managing the member's overall care. The HMO and the PNCC provider agree to facilitate inter-agency communication and inform staff from both the HMO and the PNCC agency about the policies and procedures for this cooperation, coordination, and communication.

PURPOSE AND SCOPE

Wisconsin Medicaid and BadgerCare Plus require the establishment of a memorandum of understanding (MOU) between PNCC providers and HMOs. The MOU recognizes that the PNCC agency and the HMO have "clients-in-common" and agree to cooperate in removing access barriers, coordinating care, and providing culturally competent services. The MOU provides a framework for establishing a working relationship between both entities.

PERIOD OF AGREEMENT

This MOU becomes effective on the date that **both** the HMO and the PNCC provider have signed it. The MOU remains in effect for three years from the date of the last signature. At the end of the three-year term, the MOU must be renewed in order to remain in effect. If the MOU is not renewed, it will expire.

This MOU may be amended at any time by mutual agreement, with the changes noted in a signed and dated addendum to this document.

SECTION I — RESPONSIBILITIES OF PRENATAL CARE COORDINATION PROVIDER

Under this agreement, the PNCC provider will do the following:

1. Designate at least one individual to serve as a liaison between the PNCC provider and the HMO.
2. Share the liaison's name and contact information with the HMO.
3. Notify the HMO when providing PNCC services to one of its members. (*HMO enrollment information is included in the ForwardHealth Enrollment Verification System*).
4. Contact members referred by the HMO and work diligently to enroll them in PNCC within five days of receiving the referral. This includes the following activities:
 - Providing the HMO with the name and contact information of the member's designated care coordinator.
 - Notifying the HMO if the member is determined ineligible or if the member declines PNCC services.
5. Obtain a written Release of Information from all members receiving PNCC services to support the sharing of information with obstetric care providers and other health care providers.
6. Send the HMO a completed copy of the *Pregnancy Questionnaire* within two business days of receiving the request.
7. Share other relevant information with the HMO to coordinate services and help ensure healthy birth outcomes.
8. Consult with the designated HMO liaison, as needed, on member-specific issues.
9. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this MOU.

SECTION II — RESPONSIBILITIES OF HMO

Under this agreement, the HMO will do the following:

1. Designate at least one individual to serve as a liaison between the HMO and the PNCC provider. This individual will be the key point of contact for the PNCC provider.
2. Share the liaison's name and contact information with the PNCC provider.
3. Inform HMO members about the availability and benefits of PNCC services and share a listing of local PNCC providers, if necessary.
4. Inform appropriate network providers about the availability and benefits of PNCC services.
5. Encourage obstetric care providers to establish MOUs with PNCC providers to delineate their working relationship.
6. Ensure that appropriate staff and network providers understand when and how to refer women for PNCC services.
7. Facilitate communication between network providers and care coordinators, when necessary.
8. Participate in meetings, as needed, to evaluate the effectiveness and efficiency of this MOU.

Continued

SECTION III — SIGNATURES OF AUTHORIZED REPRESENTATIVES

Name — PNCC Agency

City of Milwaukee Health Dept

Name — Authorized Agency Representative (Print)

JEANETTE KOWALIK

Title — Authorized Agency Representative

*Commissioner of Health***SIGNATURE** — Authorized Agency Representative

Date Signed*

3/28/2020

Name — HMO

Name — Authorized HMO Representative (Print)

Title — Authorized HMO Representative

SIGNATURE — Authorized HMO Representative

Date Signed*

*This MOU expires no later than three years from the latest date signed.

Name and Contact Information (if known) — Designated PNCC
Liaison *Mark Yutach*Name and Contact Information (if known) — Designated HMO
Liaison
Dana Lauer
Program Manager
262-255-2716
dlauer@uhc.com